

of the U.S./Mexico land border in southern Arizona for over 30 years. Their methods of capturing narcotics smugglers combine modern technology and ancient tracking techniques, which have proven to be highly successful.

However, the Shadow Wolves unit's direction was compromised when it was absorbed into the Customs Border Patrol, and its unique identity was threatened. Not only was this action harmful to the security benefits from the Shadow Wolves' connection with the community and the respect of its cultural makeup, it significantly lowered morale within the unit.

This bill would seek to resolve this issue by returning the Shadow Wolves to the United States Immigration and Customs Enforcement. It also includes provisions that would set the Shadow Wolves' pay scale at the same rate as ICE Special Agents and grant the Chief Officer a rank equivalent to a resident agent-in-charge of the ICE Office of Investigations.

This would not only significantly improve moral within the unit but increase the efficiency of the border security within that region. Thus I strongly urge my colleagues to join me in supporting this bill to help continue to protect the security of our borders.

ALZHEIMER'S DISEASE: A LOOMING EPIDEMIC

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 11, 2006

Mr. RANGEL. Mr. Speaker, I rise today to call attention to a crucial challenge that our generation will face. In the June 27, 2006 edition of the Washington Post, an opinion editorial titled, "Open the Door to Curing Alzheimer's" by Robert Essner describes the urgency that exists in declaring research on Alzheimer's disease as a top priority for the Food and Drug Administration (FDA). In the meantime, Alzheimer's has been accepted as an inevitable phase of aging. However, this needn't be the case because with enough research, more successful treatment can be discovered, and this research can easily deliver a cure.

However, it is not only the mere personal and emotional burden caused by this degenerative disease that should be of concern to all of us as legislators. This disease will also cause a serious economic drain on our funds. With the baby-boomer generation quickly approaching as a risk group for Alzheimer's, it is estimated that this disease will claim 1 in every 10 people of this sizeable population; that is, about 14 million baby-boomer elders will have Alzheimer's. Essner estimates that with such an immense population of Alzheimer's patients, the costs of care for this disease will "drain—if not bankrupt" the federal and state health care budgets.

Given these approximations, a vast majority of us are at risk for either becoming Alzheimer's patients, caring for one in our immediate family, or at least know a patient in our extended family. The article emphasizes how costly Alzheimer's truly is. Today, a whopping one third of all of Medicare funds are directed towards care for Alzheimer's patients. Last year alone, \$91 billion in Medicare dollars was spent on those suffering from this disease. Furthermore, Alzheimer's incurs \$19,000 a year in "out-of-pocket" costs for the families of patients.

Therefore, it is crucial that entities from the science, regulatory, and industry fields join forces to work as quickly as possible to thwart this disease and the imminent epidemic that Alzheimer's is bound to cause. If not enough financial support is provided for research and a cure for this possibly avoidable illness, we will continue to risk delaying the discovery of an effective treatment for Alzheimer's and this will potentially adversely impact on millions and millions of people. Essner says it best when he asserts, "we could make my generation the last to dread Alzheimer's," and I believe this is a matter of obligation, not option.

OPEN THE DOOR TO CURING ALZHEIMER'S—
WHY THIS RESEARCH MUST BECOME AN URGENT PRIORITY

(By Robert Essner)

JUNE 27, 2006.—America is getting serious about preparing for the possibility of an outbreak of avian flu. Would that it could muster the same sense of urgency for a disease that is already here and is certain to become epidemic. The disease is Alzheimer's. It will claim one in 10 baby boomers, create a personal and fiscal nightmare for their families, and drain—if not bankrupt—state and federal health-care budgets. Medicare now pays one-third of all its health-care funds for some 4.5 million Alzheimer's patients. Are we ready for three times that number?

Alzheimer's doesn't have to be an inevitable part of aging. It is a disease for which research can find a cure, or at least a more effective treatment. In that way, it could be like HIV-AIDS—a disease that, for most sufferers, went from a lethal diagnosis to a treatable chronic condition within six years of its discovery. One breakthrough AIDS drug rapidly led to another, because we mobilized pandemic-strength muscle against it. In addition, the Food and Drug Administration created review and approval processes that helped new therapies for AIDS reach people who needed them years ahead of what would have otherwise been possible.

The FDA now needs to give the same priority status to drugs for Alzheimer's as it has for AIDS and cancer treatments. And, the federal government needs to designate Alzheimer's as a No. 1 research priority.

If we don't do these things, the projections are staggering. Within the next five years, nearly a half-million new Alzheimer's cases will be diagnosed annually, as 78 million baby boomers reach age 65. Given those numbers, most of us will either become an Alzheimer's patient, care for one in our home or know a patient in our extended family. By robbing victims of memory, Alzheimer's strips away individuality, dignity and independence.

Alzheimer's is expensive. It requires \$19,000 a year in out-of-pocket costs for each caregiver family. Last year Medicare spent \$91 billion for Alzheimer's. That figure will nearly double in just four years—and keep soaring as 14 million cases are diagnosed in boomers' lifetimes.

Within the pharmaceutical industry, there are 28 Alzheimer's compounds in development. But progress on all fronts is unconscionably slow considering the looming shadow of this epidemic. And, given the complexity of the disease, no single research organization has the resources to research all its facets as quickly as we must.

At Wyeth alone, we've committed hundreds of millions of dollars to this research. We are moving in a promising direction by testing eight innovative approaches. Right now no one can say that any one of them will work. But we believe that, through taking multiple "shots on goal" in our research labs, a treatment can be found.

In October 2001 Wyeth started its Alzheimer's research program with a vaccine approach designed to stimulate the body to stop the buildup of beta-amyloid plaque in the brain—thought to be a critical part of the disease process. While that initial effort proved unsuccessful, it did not deter us from moving ahead with another vaccine approach. This new vaccine program is in the clinic. Furthest along in development at Wyeth is a pill—a potent serotonin receptor antagonist that may enhance cognition in moderate cases and significantly enhance the quality of life. Another promising approach is an antibody directed against beta-amyloid. By removing these plaques, we hope to stop the disease from progressing.

But it is imperative for industry, scientists and regulators to work together to help us reach our goal even faster. We need a sense of urgency, a commitment to collaboration that will lead to a concerted, focused effort to prevent this impending epidemic.

A TV journalist who cares for a husband diagnosed with the disease wrote in a recent issue of the scientific journal *Alzheimer's & Dementia*: "Right now the majority of Alzheimer's victims and their caregivers are our parents. Their plight is our future. . . . We are desperately in need of access to new therapies instead of being left with only agonizing decisions."

For every month we hesitate, we will find ourselves spending down the nation's health-care budget to care for the demise of millions of people. We should be preparing to cure them. We could make my generation the last to dread Alzheimer's. It is time to accelerate the pace of our efforts and take the battle to a level on par with our hope.

THE AMIA BOMBING REMEMBERED

HON. JOSEPH CROWLEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 11, 2006

Mr. CROWLEY. Mr. Speaker, I rise today in commemoration of the 12th anniversary of the Argentine Israelite Mutual Association (AMIA) bombing in Buenos Aires, Argentina. We cannot forget the 86 individuals who were killed and the hundreds who were wounded on July 14, 1994 in a terrorist bombing of the AMIA building.

This largest single incident of terrorism against Jews since World War II was an affront to humanity and the principle of freedom that our country so dearly values. As the home of the largest Jewish community in Latin America, Argentina's Jewish community center was leveled and reduced to rubble along with nearby buildings.

Unfortunately, nobody has yet to be convicted for the bombing although many allegations have been made. It is therefore all the more important that we memorialize this day.

The heinous assault sent shock waves throughout South America, and the international community.

As American citizens we share a common bond with Argentinians as being victims of terror ourselves. September 11 has only reaffirmed that terrorism in any form or any place will not be tolerated. By remembering those whose lives were affected or taken by terror we affirm the value that life and security serves in a functional society.

I commend Congressman TOM LANTOS and Congresswoman ILEANA ROS-LEHTINEN for